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1870

REGULATIONS

AND

SYSTEM OF ETHICS

OF THE

MEDICAL ASSOCIATION

OF THE

DISTRICT OF COLUMBIA.

REGULATIONS.

1, The meetings of this Association shall be held semi-annually on the first Tuesday in April and October, at 12 c'clock M., at such place within the city of Washington as may be designated by the President, and on its own adjournments. At each meeting, any number not less than five shall constitute a quorum.

2. The officers of this Association shall consist of a President, Vice-President, Secretary, Treasurer, and five Counsellors, who shall constitute a Standing Committee for the purposes hereafter mentioned, and who shall be elected by ballot, by a majority of the members present at the stated meeting in April in each year.

3. The President shall preside at all meetings of the Association and of the Standing Committee. In his absence, the Vice President shall have all his powers, and preside; and in the absence of the latter officer, a chairman shall be chosen from the members present.

4. The Secretary shall keep a record of the proceedings of the Association and of those of the Standing Committee. He shall give noticc of both stated and special meetings of the Association, by advertising the same st least three times in one of the public newspapers, and shall send a written or printed notice of all meetings of the Standing Committee to each of its members. The Treasurer shall collect all assessments, and disburse the same on the certificate of the officer or officers expending the amounts, by authority of the Association; and at the stated meeting in April and October, he shall render to the Association an account of all the funds received, with the vouchers for his disbursements.

5. It shall be the duty of the Standing Committee to attend to and decide on all matters which regard the honor and interest of the Association, and especially all infringements of its regulations which may come to their knowledge, and to require special meetings of the Associatlon when they may think Proper. In all cases, however, an appeal may be made from the decision of the Committee to the Association. This Committee may fill any vacancy in the number of Conusellors or in the office of Secretary, until the next stated meeting of the Association.

6. Should the Standing Committee find any member guilty of a wilful violation of the rules of this Association, they shall immediately call a special meeting of the Association, to whom they shall report their decision, with the facts and the evidence adduced; and should such decision be confirmed by two-thirds of the members present, the person accused shall be subject to such penalty as may be determined by a majority of the Association.

7. The Standing Commtttee shall assess the amount required for the contingent expenses of the Association, equally upon all the members; *Provided*, The amount of such assessment shall in no one year exceed the sum of two dollars: and if any one shall refuse or neglect for the period of two years to pay his assessment, his connexion with the Association shall thereupon cease; and the Secretary shall inform the members of the same, by a circular note.

8. The Standing Committee shall at the stated meeting in April and October, submit to the Association all their acts and proceedings during the preceding half year, if required.

9. Special meetings of the Association may be called by the President when required by the Standing Committee, or on the written application of three members of the Association. Meetings of the Standing Committee shall be called at the discretion of the President, or on the written application of two of its members

10. If any member becomes acquainted with the conduct of another which he considers a breach of the rules and regulations of this Association, it shall be his duty to make it known to the Standing Committee, who shall inquire into the

case, and decide upon the same; according to the rules and regulations of the Association.

11. The following fees shall be charged for professional services, subject however, to the several rules which are appended:

First visit or prescription	$2 to $5
Each subsequent visit or prescription	2 " 3
First consultation visit	5 " 10
Each subsequent consultation visit	3 " 4
The attending Physician is entitled for each meeting	3 " 5
Visit at night (night is understood to commence at 10 P. M. and end at 8 A. M)	5 " 10
Advice at night at Physician's house	3 " 5
Visiting out of the city, in addition to the usual fee for the visit, for every mile from the center of the city	2
For visiting at an hour specified by the patient, the usual consultation fee.	
Case of midwifery, natural	15 " 30
" præternatural	30 " 200
Extracting placenta alone	10 " 15
(All obstetrical services, CASH.)	
For each necessary subsequent visit in cases of midwifery, after the fifth day, the usual fee for visits.	
Detention in any case at patient's house	5 " 10
Venesection	2 " 5
All cases of small pox, for each visit	3 " 5
Vaccination	3
Re-vaccination	2
Case of Gonorrhœa, first examination and prescription (CASH)	5 " 10
Each subsequent prescription (CASH)	2 " 5
Case of Syphilis, first examination and prescription, (CASH)	10 " 15
Each subsequent prescription (CASH)	3 " 5
Capital operations, as, for example, amputating large limbs, lithotomy, trepanning, excision of large tumors, operation for strangulated hernia, for aneurism, for ligation of large arteries, for extirpation of cancerous breast, &c	50 " 300
Amputation of fingers and toes	20 " 30
Amputation through tarsal or metatarsal bones	25
Reduction of dislocation	20 " 50
Adjustment of fractures of long bones	15 " 30
Subsequent attendance at the ordinary rates.	
For each assistant in surgical operations	3 " 15
Removing foreign bodies lodged in the Oesophagus	5 " 15
Introduction and adjustment of pessary	5 " 15
Operation for piles	25 " 100
Tracheotomy	30 " 100
Each removal of bandages or apparatus	5 " 15
Use of speculum for vagina or rectum	5 " 15
Opening abscess	5 " 15
Special examination of chest by auscultation and percussion	5 " 15
Examination of eye by ophthalmoscope	5 " 15
Extraction of foreign bodies from eye	5 " 15
Reduction of strangulated hernia	20 " 50
Application of truss	5 " 15
Important operations on the eye	20 " 30
Minor oporations on the eye	5 " 20
Dressing recent wounds, &c., in addition to visit	3 " 10
Each subsequent dressing, in addition to visit	2 " 3
Extirpation of polypus	10 " 30
Extirpation of tonsils, each	10 " 30

Entirpation of tumors of miner importance	10	"	50
Operation for fistnla in ano	25	"	50
Each subsequent dressing at the usual rates for dressing wounds,			
Passing cather or bougie	5	"	15
Paracentesis abdominis	15	"	50
Operation for hydrocele	15	"	30
" radical cure	20	"	50
" hare lip	20	"	100
Each subsequent dressing at the usual rates for dressing wounds.			
For administration of medicines by hyperdermic injection	3	"	5
All certificates of life insurance, insanity, &c., &c.	5	"	15
For office instruction, $100 per annum, $50 semiannually in advance.			

12. The foregoing table contains the *standard fees* which shall be demanded; they shall be increased according to the judgment of the practitioner concerned, in all cases of extraordinary detention or attendance; also, in proportion to the importance of the case, of the responsibility attached to it, and to the services rendered, when these are extraordinary. They shall be diminished at the discretion of the physician, when he believes that the patient cannot afford to pay the regular fees, and yet is able to make some compensation. It shall be considered, however, as *unprofessional* to diminish the standard fees, except from motives of charity and benevolence.

It is not designed by these regulations to prevent gratuitous services to those who are incapable of making remuneration without distressing themselves or families.

13. When a physician, engaged to attend a case of midwifery, is absent, and a second delivers the patient, the latter shall charge a fee, to be regulated by the value of the services rendered, and relinquish the patient to the first; and in no case shall the second continune to attend, except to render indispensable service during the continued absence or disability of the first, unless the first shall be formally notified that his services are not required.

In cases where a consulting physician is called in, both the attending and consulting physician shall charge at least the ordinary fee for delivery; but when the latter is not detained in attendance, he should only charge the usual fee for consultation.

14. It is recommended to the members of this Association to present their accounts for professional services at the close of the attendance, and shall be the duty of each member to obtain a settlement from all his families at least once in three months, viz; the first of January, the first of April, the first of July, and the first of October.

15. No member of this Association shall make a contract to attend an individual or a family by the year, or on any other terms than those authorized by these regulations.

16. No member of this Association shall consult with, or meet in a professional way, any resident practitioner of this District who is not a member thereof after said practitioner shall have resided six months in said District.

17. The option of selecting the consulting physician shall in all cases be left to the patient or his friends; and no physician shall decline to meet in consultation any one thus selected.

18. All resignations of members shall be made in writing to the President, by whom they shall immediately be laid before the Standing Committee, who shall either notify each member of the Association, or call a meeting of the Association as they may think proper.

19 All propositions for repealing, altering, or amending these regulations, shall be made in writing, at the stated meeting in April or October, and shall be acted on at an adjourned meeting, which shall not be held for that purpose sooner than one month from the time of offering such porposition, and it shall then require the concurrence of two thirds of the members present for its adoption.

20. The members of this Association shall consist of practitioners of medicine

in the District of Columbia who shall have become members or licentiates of the Medical Society of the District of Columbia.

All applications for membership shall be made in writing to the Secretary, who shall, upon the applicant having produced satisfactory evidence of his qualifications, cause him to be nominated at the first ensuing meeting of the Association, when, if he should receive, on ballot, the votes of a majority of the members present, he shall be admitted to membership on signing the regulations and code of ethics in accordance with the twenty second article.

Persons elected shall be required to sign the regulations within one month after election or the election will be void.

It shall be the duty of the Secretary to notify persons elected, immediately on their election, calling their attention to the necessity of signing the regulations.

It shall be the duty of the Secretary to send a printed copy of the Regulations of the Association to every physician, upon his first settlement in the District.

21. The clergymen of the city, and all resident members of the medical profession in actual practice within it, together with their families, should be attended gratuitously, except in obstetric cases: but visits should not be obtruded officiously, as such civility may give rise to embarrassments, or interfere with that unrestrained choice upon which confidence depends.

22. Every practitioner, at the time of becoming a member of this Association shall sign the following obligation, viz;

"The undersigned do approve of the regulations and system of medical ethics adopted by the Medical Association of the District of Columbia, and do agree, on their honor, to comply with the same."

1 Frederick May,* M. D.
2 Alexander Mc Williams,* M. D.
3 George W. May, * M. D.
4 William Jones, M. D.
5 Henry Huntt,* M. D.
6 Joseph Lovell,* M. D.
7 N. P. Causin,* M. D.
8 Richmond Johnson.
9 Thoms Sewall,* M. D.
10 Thomas C. Scott,* M. D,
11 Thomas Henderson,†* M. D.
12 Harvey Lindsly, M. D.
13 N. Young, M. D,
14 Frederick Dawes,* M. D.
15 James C, Hall, M. D.
16 Thomas Miller, M. D.
17 Joseph Borrows, M. D.
18 A. McD. Davis, M. D,
19 W. N. Waters,† M. D.
20 H. F. Condict, M. D,
21 R. Briscoe,‡ M D.
22 Thomas J. Boyd,* M. D.
23 Henry Haw, M. D.
24 William Baker,* M. D.
25 J Waring,† M. D.
26 B. J. Miller,* M. D.
27 L. Osborne,* M. D.
28 J. M. Thomas,* M. D
29 Robert T. Barry,†* M. D,
30 W. B. Magruder, M. D.
31 B. King, M D.
32 George R. Clarke,† M. D.
33 Albert Dorman,* M. D.
34 Moreau Forrest,† M. D,
35 Charles McLean,†* M. D.
36 M. L. Weems,†* M. D.
37 Baily Washington,* M. D.
38 John A. Kearney,* Surgeon.
39 Charles McCormick,† M. D.
40 James Hagan,†* M. D.
41 J. M. Foltz,† M. D.
42 George B. Mc Knight,† M. D.*
43 Samuel Jackson,† M. D.*
44 Aug. J. Schwartze,* M. D.
45 T. D, Jones,† ‖
46 W. Drain,† M. D.
47 John M. Roberts,* M. D,
48 B. Randall,†* M. D.
49 John M. Thomas,* M. D.
50 J. M. Munding,*‖ M. D.
51 James G. Coombe,¶ M. D.
52 Daniel Brent,* M. D.
53 Spencer Mitchll,* M. D.
54 G. M. Dove, M. D.
55 B. J. Perry, M. D.
56 Samuel Forry,* M. D.
57 J. B. C. Thornton,† M. D.
58 John Frederick May, M, D.
59 Edward F. Rivinus,† M. D.
60 James A. Young,† M. D.
61 Henry Hoban,† M. D,*
62 W. R. Rose,† M. D. *
63 Flodoardo Howard, M. D.
64 William P. Johnston, M D.
65 Thomas G. Clinton,* M. D.
66 S. C. Smoot,* M. D.
67 Anthony Holmead,* M. D.
68 Johnson Eliot, M. D.

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69 Jas H. Causten, Jr,* M. D.
70 C. H. Lieberman, M. D.
71 T. B. J. Frye, M D.
72 G. W. Bode,† ‖
73 W. H. Van Buren,† M. D
74 Peregrine Warfield,* M. D.
75 Cornelius Boyle,† M. D.
76 W. McK. Tucker, M. D.
77 Charles H. Cragin, M. D.
78 John W. Tyler,* M. D.
79 J. F. J. McClery, M. D.
80 H. P. Howard,* M. D.
81 James E. Morgan, M. D.
82 Alfred H Lee, M. D.
83 Samuel E. Tyson, M. D.
84 Robert King Stone, M. D.
85 Joseph Walsh, M. D.
86 Wm. H. Saunders,† M. D.
87 Grafton Tyler, M. D.
88 Alex. Matthews, M. D.
89 Isaac S Lauck,* M. D.
90 Hezekiah Magruder, M. D
91 Joshua Riley, M. D.
92 Jno J Dyer,† M D.
93 Benjamin S. Bohrer,* M. D.
94 Joshua A. Ritchie, M. D.
95 Samuel C. Busey, M D
96 A. W. Miller, M. D.
97 J. B. Edelen,† M D.
98 Alex. S. Wotherspoon,* M. D.
99 Alex. Y. P. Garnett, M. D
100 S W. Everett,†* M. D
101 J. M. Austin,† M. D.
102 W. Gray Palmer, M. D
103 S. B. Blanchard, M. D.
104 J. M. Snyder,* M. D.
105 Th. Hausman, M. D.
106 Joseph Dunton Stewart,† M. D
107 Leopold Duvilliers,† M D.
108 W. J. C. Duhamel, M. D
109 Richard H. Coolidge,†* M D.
110 J. J. Waring M D.†
111 Louis Mackall, Jr., M. D.
112 J. M. Grymes,* M. D
113 Lewis A. Edwards, M, D
114 D. R Hagner, M D.
115 Charles F. Force † M. D,
116 H. C. Simms,† M. D
117 J. M McCalla, M. D
118 John B. Keasbey, M, D.
119 John Richards,* M. D.
120 M. V. B. Bogan, M. D.
121 J. W. H Lovejoy, M. D.
122 John C. Riley, M. D.
123 Wm. Marbury, M, D.
124 W. F. Lippitt,† M. D.
125 B. J. Helen,* M. D.
126 James M. Wilson,† M. D.
127 A. J. Semmes,† M. D.
128 B. F. Craig, M. D.
129 J. V. D. Middleton, M. D.
130 John W. Stettinius,†* M. D.
131 N. S. Lincoln, M. D.
132 S. J. Radcliff, M. D.
133 J. M. Toner, M. D.
134 R. H. Speake, M. D.
135 T. Purrington, M. D.
136 John F. King, M. D.
137 Wm. H. Berry,* M. D.
138 John C. Grayson,† M. D.
139 Wm. Butt, M. D.
140 Wm. P. Young, M. D.
141 George McCoy, M. D.
142 John G. F. Holston,† M. D.
143 Thomas F. Maury, M. D.
144 Richard C. Croggon, M. D.
145 Frank W. Mead, M. D.
146 John W. Davis,† M. D.
147 Fras. C. Christie,* M. D.
148 Jno. L. Gibbons,† M. D.
149 H. B. Trist, M. D.
150 Thomas Antisell, M. D.
151 G. P. Fenwick, M. D.
152 Warwick Evans, M. D.
153 Josiah Adams Chamberlin, M. D.
154 Henry E. Woodbury, M. D.
155 T. F. Joyce,¶ M. D.
156 J. T. Howard, M. D.
157 Charles Allen, M. D.
158 H. H. Lowrie,† M. D.
159 J. Ford Thompson, M. D.
160 S. J. Todd, M D.
161 C. M. Ford, M. D.
162 H. P. Middleton, M. D.
163 S. W. Bogan, M. D.
164 Patk. A. M. Croghan, ‖
165 Samuel S. Bond, M. D.
166 Wm. Lee, M. D.
167 Jas Phillips, M. D.
168 Carlos Carvallo, M. D.
169 A. F. A. King, M. D.
170 James T. Young, M. D.
171 W. H. Combs, M. D.
172 J. W. Herbert, M. D.
173 W. E. Roberts, M. D,
174 Armistead Peter, M. D.
175 Bodisco Williams, M. D.
176 Ephriam C. Merriam, M. D,
177 James R. Reily, M. D.
178 Joseph Scholl, M. D.
179 Samuel A. Amery, M. D.
180 Thomas W. Wise, M. D.
181 Charles McCormick, M, D.
182 G. L. Pancoast, M. D.
183 H. A. Robbins, M. D.
184 Wm, Bev. Drinkard, M. D
185 William G. H. Newman, M. D.
186 John Wells Bulkley, M. D.

187 Adolphus Patze, M. D.
188 Daniel Webster Prentiss, M. D.
189 Adajah Behrend, M. D.
190 Jamas Otey Harris, M. D.
191 J. Harry Thompson, M. D.
192 A. J. Borland, M. D.
193 Thomas Emory, M. D.
194 L. J. Draper, M. D.
195 Thomas C. Smith, M. D.
196 S. A. H. McKim, M. D.
197 Jno. K. Walsh, M. D.
198 Charles H. Bowen, M. D.

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*Dead. † Left the District. ‡ Resigned. ¶ Dropped. ‖ Licentiate.

NOTE.—By an order of the Association passed November 3, 1845, Gentlemen are to take rank as to seniority according to this list.

MEDICAL ETHICS.

The Medical Association of the District of Columbia fully recognize the Code of Ethics adopted by the American Medical Association as a basis for its regulation.

CONSULTATIONS.

Consultations should be encouraged in difficult and protracted cases, as they give rise to confidence, energy, and more enlarged views in practice, On such occasions, no rivalship or jealousy should be indulged; candor, justice, and all due respect, should be exercised towards the physician who first attended; and, as *he* may be presumed to be the best acquainted with the patient and his family, he should deliver all the medical directions as agreed upon. It should be the province, however, of the senior consulting physician, to propose the necessary questions to the sick.

The consulting physician should propose the times of his subsequent visits, and decide upon the propriety of discontinuing his attendance; but he is never to visit without the attending one, unless by the desire of the latter, or when (as in sudden emergency) he is not to be found. No discussion of the case should take place before the patient or his friends; and no prognostications should be delivered which were not the result of previous deliberation and concurrence Theoretical debates, indeed, should generally be avoided in consultations, as occasioning perplexity and loss of time; for there may be much diversity of opinion on speculative points, with perfect agreement on those modes of practice which are founded not on hypothesis, but on experience and observation. Physicians in consultation, whatever may be their private resentments or opinions of one another, should divest themselves of all partialities, and think of nothing but what will most effectually contribute to the relief of those under their care.

If a physician cannot lay his hand to his heart and say that his mind is perfectly open to conviction, from whatever quarter it may come, he should in honor decline the consultation.

All discussions and debates in consultation are to be held secret and confidential.

Many advantages may arise from consultations between men of

candor, having mutual confidence in each other's honor. A remedy may occur to one which did not to another; and a physician may want resolution, or confidence in his own opinion, to prescribe a powerful but precarious remedy, on which however the life of his patient may depend; in this case a concurrent opinion may fix his own. But when such mutual confidence is wanting, a consultation had better be declined, especially if there is reason to believe that sentiments delivered with openness are to be communicated abroad, or to the family concerned; and if, in consequence of this, either gentleman is to be made responsible for the event.

The utmost punctuality should be observed in consultation visits; and, to avoid loss of time, it will be expedient to establish the space of *fifteen minutes* as an allowance for delay; after which, the meeting might be considered as postponed for a new appointment.

INTERFERENCES.

Medicine is a liberal profession; the practitioners are or ought to be men of education; and their expectations of business and employment should be founded on their degrees of qualification, not on *artifice* and *insinuation*. A certain undefinable species of *assiduities* and *attentions*, therefore, to families usually employing another, is to be considered as beneath the dignity of a regular practitioner, and as making a mere trade of a learned profession; and all officious interferences in cases of sickness in such families evince a meanness of disposition unbecoming the character of a physician or a gentleman. No meddling inquiries should be made concerning them nor hints given relative to their nature and treatment, nor any selfish conduct pursued that may directly or indirectly tend to weaken confidence in the physicians or surgeons who have the care of them.

When a physician is called to a patient or family that has been under the care of another gentleman of the faculty, before any examination of the case, he should ascertain whether that gentleman understands that the patient is no longer under his care; and unless this be the case, the second physician is not to assume the charge of the patient, nor to give his advice, (excepting in instances of sudden attacks,) without a regular consultation; and if such previously attending gentleman has been dismissed, or has voluntarily relinquished the patient, his practise should be treated with candor, and justified so far as probity and truth will permit; for the want of success in the primary treatment of the disorder is no impeachment of professional skill and knowledge.

When a physician is called to a patient in a case of emergency, he should, on the arrival of the family physician, or of the one who may have been previously called in, relinquish the patient to the latter.

It frequently happens that a physician, in incidental communications with the patients of others, or with their friends, may have their cases stated to him in so direct a manner as not to admit of his decli-

ning to pay attention to them. Under such circumstances, his observations should be delivered with the most delicate propriety and reserve. He should not interfere with the curative plans pursued, and should even recommend a steady adherence to them, if they appear to merit approbation.

DIFFERENCES OF PHYSICIANS.

The differences of physicians, when they end in appeals to the public, generally hurt the contending parties; but, what is of more consequence, they discredit the profession, and expose the faculty itself to contempt aud ridicule. Whenever such differences occur as may affect the honor and dignity of the profession, and cannot immediately be terminated, or do not come under the character of violation of the special rules of the Association otherwise provided for, they should be referred to the arbitration of a sufficient number of members of the Association, according to the nature of the dispute; but neither the subject matter of such references, nor the adjudication should, if it can be avoided, be commnnicated to the public, as they may be personally injurious to the individuals concerned, and can hardly fail to hurt the general credit of the faculty.

DISCOURAGEMENT OF QUACKERY.

The use of quack medicines should be discouraged by the faculty as disgraceful to the profession, injurious to the health, and often destructive even of life. No physician or surgeon, therefore, should dispense a secret nostrum, whether it be his invention or exclusive property; for if it is of real efficacy, the concealment of it is inconsistent with beneficence and professional liberality; and if mystery alone gave it value and importance, such craft implies either disagreeable ignorance or fraudulent avarice.

CONDUCT FOR THE SUPPORT OF THE MEDICAL CHARACTER.

The *esprit du corps* is a principal of action founded in human nature, aud when duly regulated, is both rational and laudable. Every man who enters into a fraternity engages, by a tacit compact, not only to submit to the laws, but to promote the honor and interest of the Association, so far as they are consistent with morality and the general good of mankind. A physician therefore should cautiously guard against whatever may injure the general respectability of the profession, and should avoid all contumelious repesentations of the faculty at large, all general charges against their selfishness or improbity, or the indulgence of an affected or jocular skepticism concerning the efficacy and utility of the healing art.

MEDICAL INSTUCTION.

It is recommended to the members of the Association not to receive any students into their offices unless they be of good moral character, have received a good English education, be well acquainted with the elements of natural philosophy, and that they possess a competent knowledge of the Latin and Greek languages.

FEES.

General rules are adopted by the faculty in every town relative to the pecuniary acknowledgments of their patients, and it should be deemed a point of honor to adhere to them ; and every deviation from or evasion of these rules, should be considered as meriting the indignation and contempt of the fraternity.

Gratuitous services to the poor are by no means prohibited ; the characteristical beneficence of the profession is inconsistent with sordid views and avaricious rapacity.

It is obvious, also, that an average fee, as suited to the general rank of patients, must be an inadequate compensation from the rich, (who often require attendance not absolutly necessary) and yet too large to be expected from that class of citizens who would feel a reluctance in calling for assistance without making some decent and satisfactory remuneration.

EXEMPTION FROM CHARGES.

Distant members of the faculty, when they request attendance, should be expected at least to defray the charges of travelling; and such of the clergy as are qualified by their fortunes or incomes to make a reasonable remuneration for medical attendance, are not more priviledged than any other order of patients.

Omission to charge on account of the wealthy circumstances of the physician is an injury to the profession, as it is defrauding in a degree the common funds for its support, when fees are dispensed with which might justly be claimed.

VICARIOUS OFFICES.

Whenever a physician officiates for another by his desire, in consequence of sickness or absence, if for a short time only, the attendance should be performed gratuitously as to the physician, and with the utmost delicacy towards the professional character of the gentleman previously connected with the patient.

SENIORITY.

A regular and academical education furnishes the only presumtive evidence of professional ability, and is so honorable and beneficial that it gives a just claim to pre-eminence among physicians at large in proportion to the degree in which it may be enjoyed and improved. Nevertheless, as industry and talents may furnish exceptions to this general rule, and this method may be liable to difficulties in the application, seniority among practitioners of this city should be determined by the period of public and acknowledged practice as a physician or surgeon in the same. This arrangement, being clear and obvious, is adapted to remove all grounds of dispute amongst medical gentlemen, and it secures the regular continuance of the established order of precedency.